



DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary

Maryland Board of Morticians and Funeral Directors

March 17, 2017

RE: *PROPOSED* MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS (FUNERAL ESTABLISHMENT INSPECTION FORM)

To all concerned citizens of Maryland and Licensees of the Maryland State Board of Morticians and Funeral Directors:

As a valued citizen of the state of Maryland, I know you share our commitment to excellence. Therefore, from time to time, it becomes necessary to amend policies, update forms and recommend new state laws and regulations. This is always done with the intention of increasing efficiency, improving safety, or enhancing customer satisfaction.

As of **March 20, 2017**, we are posting the *Proposed Maryland State Board of Morticians and Funeral Directors (Funeral Establishment Inspection Form)*. The intentions of the “Board” are to solicit comments prior to implementation of the new and finalized form. The responses, comments and feedback are valuable components designed to fully illustrate our commitment to all members serving in the funeral profession in Maryland.

The purpose of this letter is to advise of the following means regarding suggesting of comments:

1. Period for Comment will begin on **March 20, 2017** and end on **May 20, 2017**.
 - a. The Board requests all comments to be in writing and sent by one of the following means:
email: stateboardinfo@gmail.com;
 - b. U.S. Mailing Address: 4201 Patterson Ave, Baltimore, MD 21215, Attn: Maryland State Board of Morticians and Funeral Directors;
 - c. Open Board Sessions: **April 12, 2017** at **1:00 pm** and **May 10, 2017** at **1:00 pm**;
 - d. You may also respond to the mass email distribution list sent by the board from the email address, stateboardinfo@gmail.com.
2. Please download the proposed form to allow Funeral Home Owners, Supervising Morticians and Licensees to become more familiar with the *Proposed* Inspection Form.

Before the *Proposed* Inspection Form is fully implemented and used, the board will use the existing inspection form until the implementation date of **October 1, 2017**.

Should you have any questions or concerns regarding this matter, please feel free to contact us using email address, stateboardinfo@gmail.com.

In the meantime, I thank you again, for all you do. On behalf of the Maryland State Board of Morticians and Funeral Directors, our best wishes for your continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor C. March". The signature is fluid and cursive, with the first name "Victor" being more prominent.

Victor C. March,
President,
Licensed Member

Mark E. Bailey
Chair, Establishment Committee,
Licensed Member

Maryland Board of Morticians and Funeral Directors

Establishment Inspection Report

4201 Patterson Avenue, Baltimore, MD 21215

www.dhmh.maryland.gov/bom

410-764-4792

Date	Time Arrived	Time Departed
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Name of Funeral Establishment Inspected	<input type="checkbox"/> Full Funeral Establishment <input type="checkbox"/> Restricted Funeral Establishment	License Number:	Expiration:	
	Restricted Funeral Establishment Location:		Expiration:	
Street Address	City	State Maryland	ZIP	Telephone
Supervising Mortician	License Number	Licensee Accompanying Inspector	License Number:	Fax
Type of Inspection (COMAR 10.29.03.04) <input type="checkbox"/> New Establishment <input type="checkbox"/> Closing Establishment <input type="checkbox"/> Biennial Inspection <input type="checkbox"/> In Furtherance of an Investigation <input type="checkbox"/> Sale or Change of Ownership				Email

Codes for Inspection

A = Acknowledged.
D = Deficiency, means a specific failure to comply with the requirements set forth by the Board.
G = Granted access to perform a Maryland State Board of Morticians and Funeral Directors Inspection.
P = Pass, means no deficiencies were noted in that section being inspected.
R = Refused or denied access to perform a Maryland State Board of Morticians and Funeral Directors Inspection.
NA = Not Applicable or Not Evaluated, means an item was not evaluated or required for this inspection.

*ABBREVIATIONS FOR
LAW / REGULATIONS*

COMAR = Code of Maryland Regulations; H. O. = Health Occupations; H. G. = Health General

CODES

G	R	LAW / REGULATION	PENALTIES (COMAR 10.29.03.08 A)
<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.08 A	Failure to allow an inspection of the establishment or funeral service business shall result in an immediate suspension of an establishment license or in the case of a funeral service business, the licensee's license, subject to a subsequent opportunity for a hearing under Health Occupations Article, §7-319, Annotated Code of Maryland.

CODES

LICENSURE, OWNERSHIP AND SUPERVISING MORTICIAN REQUIREMENTS (COMAR 10.29.03.03)

P	D	NA	LAW / REGULATION	License Required for Funeral Establishment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Code Zoning Law	FOR A NEW FUNERAL ESTABLISHMENT, NEW RESTRICTED FUNERAL ESTABLISHMENT, OR A CHANGE OF A FUNERAL ESTABLISHMENT LOCATION. Note: A Certificate of Occupancy (CO) is required to be submitted to the Maryland State Board of Morticians and Funeral Directors prior to license issuance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 G	Each license (e.g., Surviving Spouse, Mortician, Funeral director, Apprentice) shall be posted in a conspicuous public location, for consumers, in each establishment or location where the license is valid to practice. A color photocopy of the original issued license may be substituted if the licensee owns multiple locations. A license, and the licenses of individual licensees employed at the establishment, shall be displayed prominently at the premises.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 G	Corporate license, if applicable, and Establishment license shall be posted in a place conspicuous to the public.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 1	Shall employ and designate, on a form provided by the Board, a supervising mortician or supervising funeral director, licensed in accordance with State laws, who shall be continuously responsible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2	Shall prominently display on a sign, not smaller than 5 inches by 11 inches, located either immediately outside or immediately inside the main entrance, in letters not less than 1-inch high, the following information:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.03 H 2 a	The names of each licensee who holds at least a 10 percent ownership interest in the partnership, professional association, or sole proprietorship which operates the funeral establishment.

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.03 H 2 b	The names of any individual, corporations, or other business entities, which either directly or indirectly hold an ownership interest of 10 percent or more in the corporation or business entity that operates the funeral establishment.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.03 H 2 c	The names of all restricted establishments operating from that funeral home
INSPECTION BY THE BOARD (COMAR 10.29.03.04-10.29.03.08)		
P D NA	LAW / REGULATION	The following FORMS shall be available for inspection, with a copy given to the inspector for the inspector's records:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 1	A general price list of charges for services to the public.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 2	A completed and duly signed funeral service contract with any invoices attached.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 3	A price list of caskets as charged to the public.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 4	A price list of outer containers as charged to the public.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 5	Cremation forms:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 5 a	Authorization form to cremate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 5 b	Cremation identification form.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 5 c	Disposition of cremated remains notification.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 6	A preneed contract form.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 7	A copy of the hazardous waste certification form described in §E(6)(d) of this regulation.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 D 8	An authorization to release the body to the establishment.
P D NA	LAW / REGULATION	<u>PREPARATION ROOM.</u> If arterial or cavity injection will take place at the funeral establishment, the funeral establishment shall maintain on the premises a preparation room which shall be adequately equipped and maintained in a sanitary manner for the preservation and care of dead human bodies. The minimal requirements are as follows:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1	Every funeral service establishment, at which embalming of human remains is performed, shall have at least one room used exclusively for embalming or preparation of the decedent.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 a	The floors, walls and ceilings shall be smooth and made of tile or other high gloss, impervious, washable material.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 b	The floors, walls, and ceilings shall be in a clean and sanitary condition.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 c	The lighting shall be adequate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 d	The ventilation shall be in accordance with Occupational Safety and Health Administration (OSHA) regulations.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 e	Doors to the preparation room shall be tight closing and the windows maintained to obstruct any view into the preparation room.

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 f	The preparation room shall be a minimum of 120 square feet.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 1 g	If a refrigeration unit is on the premises, the refrigeration unit shall be clean, sanitary and in good working condition.
P D NA	LAW / REGULATION	<i>HOLDING ROOM.</i> If arterial or cavity injection will not take place at the funeral establishment, the funeral establishment shall maintain on the premises a holding room which shall be adequately equipped for the holding of dead human bodies which shall be kept in a clean and sanitary manner and used exclusively for the holding and storage of dead human bodies. The minimal requirements for the holding room shall be as follows:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 a	The floors, walls and ceilings shall be smooth and made of tile or other high gloss, impervious, washable material.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 b	The floors, walls, and ceilings shall be in a clean and sanitary condition.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 c	The lighting shall be adequate.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 d	The ventilation shall be in accordance with Occupational Safety and Health Administration (OSHA) regulations.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 e	Doors to the preparation room shall be tight closing and the windows maintained to obstruct any view into the holding room.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 2 f	The holding room shall be a minimum of 120 square feet.
P D NA	LAW / REGULATION	INSTRUMENTS AND EQUIPMENT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 3 a	Instruments shall be autoclaved, steamed, or cleaned with a chemical disinfectant commonly used in the industry.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 3 b	The preparation table shall have a nonporous surface.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 3 c	The removal stretcher and litter shall have a waterproof pouch.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 3 d	If a refrigeration unit is on the premises, it shall be clean, sanitary, and in good working condition.
P D NA	LAW / REGULATION	WATER SUPPLY
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 4 a	Each establishment shall have hot and cold running water.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 4 b	The drain pipe for the water supply shall be at least 2 inches in diameter.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 4 c	Each establishment with a holding room or preparation room shall have floor drainage.
P D NA	LAW / REGULATION	CHEMICAL STORAGE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 5	All chemicals shall be plainly marked with appropriate warning labels.
P D NA	LAW / REGULATION	WASTE (DISPOSAL OF HAZARDOUS MATERIALS)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 a	The preparation room shall be equipped with covered waste receptacles.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMAR 10.29.03.04 E 6 b	Infectious waste shall be clearly identified and separate from other waste and put in a rigid container.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 c	Blood and waste shall be disposed of in accordance with COMAR 10.06.06.01—.08.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 d	A copy of the hazardous waste certification form provided by the licensee's hazardous waste contractor shall be provided to the Board's inspector.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 H 7 a	Ensure that medical waste is picked up by a licensed medical waste disposer not less often than every 60 days from the date generated.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 H 7 b	Develop a written plan to submit for approval by the Board that outlines specific procedures for disposal of medical waste not later than 60 days from the date generated, in accordance with methods outlined in COMAR 10.06.06.
P	D	NA	LAW / REGULATION	REMOVAL VEHICLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 E e	The removal vehicle shall contain a universal precaution kit which shall contain at least:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 E i	Disposable gloves.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 E ii	Antibacterial hand wipes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 6 E iii	A hazardous waste container for the proper disposal of wastes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 7	The removal vehicle shall be suitable for the transportation of dead human remains with remains obscured from public view and maintained in a sanitary manner.
P	D	NA	LAW / REGULATION	HANDLING AND STORAGE OF HUMAN REMAINS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. G. 5-513	Upon taking custody of the human remains of a decedent in accordance with all authorizations required by law, a funeral establishment or crematory shall maintain the human remains in a manner that provides for complete coverage of the human remains to prevent leakage or spillage except during the following conditions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. G. 5-513	Identification, embalming or preparation of an unembalmed decedent for final disposition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. G. 5-513	Restoration and dressing of a decedent in preparation for final disposition and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. G. 5-513	Viewing during a visitation or funeral service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. G. 5-513	If the unembalmed remains of a decedent is to be sheltered for more than <u>48 hours</u> prior to final disposition, a funeral establishment or crematory shall maintain the decedent by refrigeration and at a temperature lower than <u>44 degrees Fahrenheit</u> (Actual Temperature While in Use)
P	D	NA	LAW / REGULATION	FUNERAL SERVICE ESTABLISHMENT PREMISES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 a	The remaining areas of the establishment shall be in good repair, clean and safe.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 b	If the funeral establishment has a memorial gathering area, it shall be in good repair and clean. If that area is built or renovated, or the establishment is acquired that memorial room shall be at least <u>300</u> square feet in area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 c	If a funeral establishment has a casket display room, prices shall be displayed on the casket or caskets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 d	The inspector shall assess the general cleanliness of the establishment and whether there are properly functioning, sanitary restrooms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 e	The business telephone shall be in working order at the establishment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 f	A sign or lettering on the windows or building indicating the name of the establishment shall be conspicuously displayed and the name on the sign shall be the same name on the establishment license.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMAR 10.29.03.04 E 8 g	If one or more businesses, in addition to a funeral establishment, are under one roof, a separate sign shall indicate the entrance and exit of the funeral establishment.

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P	D	NA	LAW / REGULATION	PRENEED CONTRACT AUDIT (Health Occupations Article, §§ 7-205, 7-404, 7-405, and 7-504, Annotated Code of Maryland)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.O. 7-205 b 1-3	The Board may conduct an audit of a licensee that: (1) Receives pre-need funds; (2) Places pre-need funds in a trust; or (3) Enters into a pre-need contract. A photocopy of an original signed and agreed preneed by the funeral establishment or licensee will be retained for PASSING and DEFICIENT audits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H.O.: 7-205 b 1-3, 7-404, 7-405, 7-504	ONLY COMPLETE THIS SECTION IF A DEFICIENCY EXISTS, IF NO DEFICIENCY EXISTS THEN ENTER NA. If a deficiency exists on a preneed contract or any document required by law, a photocopy will be retained and attached to this report. The specific deficiency listed in this section will be cited as: <input type="checkbox"/> H.O. 7-205 sub. <input type="checkbox"/> H.O. 7-404 sub. <input type="checkbox"/> H.O. 7-405 sub. <input type="checkbox"/> H.O. 7-504 sub.

ESTABLISHMENT INSPECTION REPORT AND DEFICIENCIES (COMAR 10.29.03.05)

- A. The Board shall review the inspection report and make a determination as to whether a deficiency exists.
- B. The Board shall notify the establishment in writing of the results of the inspection.
- C. If a licensee passes an inspection, the licensee shall prominently display on the premises a statement issued by the Board that the establishment has successfully passed an inspection.
- D. If the Board finds a deficiency, the Board shall send to the owner within 2 weeks of the inspection notification of the deficiency or failure to pass the inspection.
- E. Correction of Deficiency.
- (1) Except as provided in this section, an owner shall correct a deficiency within 30 days after receipt of notification.
 - (2) The Board may require immediate correction of a deficiency if the Board considers the correction necessary in the interest of public health.
 - (3) The owner may request an extension of time for correction of a deficiency.
 - (4) The Board may approve an extension of time for correction of a deficiency.
 - (5) Upon completion of correction of all deficiencies, the owner shall notify the Board.
 - (6) Upon notification, the Board or its designee shall re-inspect the establishment and the Board shall notify the owner in writing of the results of the re-inspection within 1 week.
 - (7) If re-inspection reveals additional deficiencies not cited in the first report, the owner shall correct those deficiencies in the time-period specified by the inspection agency unless an extension of time is requested by the owner and approved by the Board for correction of the additional deficiencies.

LICENSEE ACKNOWLEDGEMENT OF INSPECTION RESULTS		PASSED / NO DEFICIENCIES IDENTIFIED - SIGNATURE OF LICENSEE AND BOARD INSPECTOR	
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/> REFUSE TO SIGN		This facility has been inspected by an inspector of the Department of Health and Mental Hygiene. This funeral establishment has successfully passed with no deficiencies noted during this inspection.	
LICENSEE COMMENTS		SIGNATURE OF LICENSEE: _____ LICENSEE NUMBER: _____ DATE: _____ SIGNATURE OF BOARD INSPECTOR: _____ DATE: _____	
BOARD INSPECTOR COMMENTS			
A	LAW / REGULATION	PENALTIES (COMAR 10.29.03.08 B, C)	
<input type="checkbox"/>	COMAR 10.29.03.08 B	Failure to comply with a notice to correct deficiencies or violations within the 30-day period, or any reasonable extension granted by the Board in Regulation .05E or .07C of this chapter, shall result in an immediate suspension of an establishment license or in the case of a funeral service business, the licensee's license, or the denial of a renewal of an establishment license, subject to a subsequent opportunity for a hearing as set forth under Health Occupations Article, §7-319, Annotated Code of Maryland.	
<input type="checkbox"/>	COMAR 10.29.03.08 C	Disciplinary action may not be taken against a supervising mortician or funeral director for the acts or omissions of another unless the supervising mortician or funeral director knew or should have known of a violation of the Maryland Morticians Act.	

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LICENSEE ACKNOWLEDGEMENT OF INSPECTION RESULTS	DEFICIENCIES IDENTIFIED - SIGNATURE OF LICENSEE AND BOARD INSPECTOR			
This facility has been inspected by an inspector of the Department of Health and Mental Hygiene. The deficiencies of the inspection have been noted. I acknowledge receipts of the above noted deficiencies. I agree to remedy all deficiencies within 30 days, or take the appropriate actions as described in (COMAR 10.29.03.05). You may refer to the Establishment Inspection Report and Deficiencies listed above for additional instructions.				
<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/> REFUSE TO SIGN	SIGNATURE OF LICENSEE: _____ LICENSEE NUMBER: _____ DATE: _____ SIGNATURE OF BOARD INSPECTOR: _____ DATE: _____			
RE-INSPECTION FOLLOW-UP (COMAR 10.29.03.05 E 1-7)				
Name of Funeral Establishment Re-Inspected		<input type="checkbox"/> Full Funeral Establishment <input type="checkbox"/> Restricted Funeral Establishment		License Number: _____ Expiration: _____
Supervising Mortician	License Number	Licensee Accompanying Inspector	License Number:	DATE: _____ TIME: _____
Type of Inspection (COMAR 10.29.03.05) <input type="checkbox"/> RE-INSPECTION		BOARD INSPECTOR CONDUCTING RE-INSPECTION FOLLOW-UP:		
P	D	THE FOLLOWING ITEMS HAVE BEEN CORRECTED OR IDENTIFIED AS STILL DEFICIENT:		
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
ADDITIONAL COMMENTS FROM THE FUNERAL ESTABLISHMENT LICENSEE OR BOARD INSPECTOR				
LICENSEE COMMENTS (For additional comments use Company letterhead and attach it to this Inspection Report- NOTE: blocks must be checked and signed.)		<input type="checkbox"/> SEE ADDITIONAL COMMENTS _____ Licensee Signature <input type="checkbox"/> COMMENTS ATTCHED ON LETTERHEAD		
BOARD INSPECTOR COMMENTS (For additional comments use Board letterhead and attach it to this Inspection Report- NOTE: blocks must be checked.)		<input type="checkbox"/> SEE ADDITIONAL COMMENTS _____ Board Inspector Signature <input type="checkbox"/> COMMENTS ATTCHED ON LETTERHEAD		
BOARD MEMBER COMMENTS ARE ONLY NECESSARY IF DEFICIENCIES ARE IDENTIFIED				
BOARD MEMBER ACKNOWLEDGEMENT OF INSPECTIONS RESULTS		BOARD MEMBER SIGNATURE FOR INSPECTION		
<input type="checkbox"/> PASSED INSPECTION <input type="checkbox"/> BOARD PASSING LETTER <input type="checkbox"/> APPROVE THAT DEFICIENCY OCCURRED <input type="checkbox"/> DISAGREE THAT DEFICIENCY OCCURRED		SIGNATURE OF BOARD MEMBER: _____ LICENSEE NUMBER: _____ DATE: _____		